

Public Records Request Form

Contact Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ TIN: _____
(Tax Identification Number, for billing purposes only)

Place a check next to each type of record you are requesting:

- | | |
|--|--|
| <input type="checkbox"/> Nursing HCF 1 | <input type="checkbox"/> Audited Financial Statements |
| <input type="checkbox"/> HCF 2 | <input type="checkbox"/> Financial Statements Submitted |
| <input type="checkbox"/> Management Company HCF 3 | <input type="checkbox"/> Adult Day Health Cost Report |
| <input type="checkbox"/> Rest Home HCF 4 | <input type="checkbox"/> Community Health Center Cost Report |
| <input type="checkbox"/> 403 Hospital Cost Reports | <input type="checkbox"/> Home Health Agency Cost Report |
| <input type="checkbox"/> Charge Book | <input type="checkbox"/> Temporary Nursing Services |
| <input type="checkbox"/> Regulations | <input type="checkbox"/> Public Hearing Records |

To speed processing, list requests in ALPHABETICAL ORDER and SPECIFY YEAR:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Mail, fax, or email completed form to:

Division of Health Care Finance and Policy
Public Records
Two Boylston Street
Boston, MA 02116-4704

Phone: (617) 988-3105
Fax: (617) 727-7662
email: public.records@state.ma.us